



ISDH Hospital Service Report  
State Form 49476 (R /7-02)  
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: INDIANA UNIVERSITY HEALTH JAY HOSPITAL

Provider #: 15-1320

City: Portland

County: Jay

Year: 2020

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure:  Acute License  LTC Certification

Private Accreditation:  JCAHO  HFAP

CMS Specialized Hosp:  CAH  TLC  Rehab

DRG Exempt:  Psych  Rehab  Swing Bed

Number of Total Hospital Full Time Equivalents 191

II. Hospital Service Utilization

| Hospital Service Description | Number of Set-up Beds | Number of Discharges | Number of Patient Days | Annual Total Charges |
|------------------------------|-----------------------|----------------------|------------------------|----------------------|
| Burn Care                    | 0                     | 0                    | 0                      | \$0                  |
| Cardiac Intensive            | 0                     | 0                    | 0                      | \$0                  |
| ICU Medical/Surgical         | 0                     | 0                    | 0                      | \$0                  |
| ICU Neonatal                 | 0                     | 0                    | 0                      | \$0                  |
| ICU Pediatric                | 0                     | 0                    | 0                      | \$0                  |
| Medical/Surgical             | 23                    | 472                  | 1822                   | \$2,681,180          |
| Neonatal Intermediate        | 0                     | 0                    | 0                      | \$0                  |
| Normal Newborn               | 0                     | 24                   | 47                     | \$45,936             |
| Obstetrics                   | 0                     | 25                   | 63                     | \$117,520            |
| Pediatric                    | 0                     | 104                  | 709                    | \$611,775            |
| Psychiatric                  | 1                     | 0                    | 0                      | \$0                  |
| Rehabilitation               | 0                     | 0                    | 0                      | \$0                  |
| Substance Abuse              | 0                     | 11                   | 30                     | \$205,419            |
| Swing Bed Program            | NA                    | 102                  | 706                    | \$606,483            |
| Extended Care                | 0                     | 0                    | 0                      | \$0                  |

|                    |    |      |      |             |
|--------------------|----|------|------|-------------|
| Observation Beds   | 0  | 337  | 456  | \$5,491,607 |
| All Other Services | 0  | 5    | 10   | NA          |
| Total Acute        | 24 | 1080 | 3843 | NA          |

### III. Nursing Facility Utilization

|                  | Number of Licensed Beds | Number of Discharges | Number of Patient Days |
|------------------|-------------------------|----------------------|------------------------|
| Nursing Facility | 0                       | 0                    | 0                      |

### IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|-----------------------|----------------------|-----------------------|----------------------|
| Infectious Disease    | 499                  | HIV                   | 9                    |
| Neoplasms             | 1762                 | Endocrine             | 3691                 |
| Diseases of Blood     | 1184                 | Mental Disorders      | 1175                 |
| Nervous               | 1188                 | Circulatory           | 3595                 |
| Respiratory           | 2000                 | Digestive Diseases    | 1774                 |
| Genitourinary         | 2480                 | Pregnancy             | 433                  |
| Skin                  | 706                  | Musculoskeletal       | 3616                 |
| Congenital            | 79                   | Perinatal             | 27                   |
| All Injuries          | 2352                 |                       |                      |
| Other/Known           | 15777                | Total Encounters      | 42347                |

### V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

| Diagnostic Categories   | Number of Encounters | Diagnostic Categories                               | Number of Encounters |
|---|----------------------|---|----------------------|
| Certain infectious and parasitic diseases   | 0                    | HIV   | 0                    |
| Neoplasms   | 0                    | Endocrine, nutritional and metabolic diseases       | 0                    |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 0                    | Mental, Behavioral and Neurodevelopmental disorders | 0                    |
| Diseases of the nervous system  | 0                    | Diseases of the circulatory system                  | 0                    |
| Diseases of the eye and adnexa  | 0                    | Diseases of the ear and mastoid process             | 0                    |
| Diseases of the respiratory system  | 0                    | Diseases of the digestive Diseases                  | 0                    |
| Diseases of the genitourinary system  | 0                    | Pregnancy, childbirth and the puerperium            | 0                    |
| Diseases of the skin and  | 0                    | Diseases of the                                     | 0                    |

|  |   |  |   |
|--|---|--|---|
| subcutaneous tissue  |   | musculoskeletal system and connective tissue           |   |
| Congenital malformations, deformations and chromosomal abnormalities | 0 | Certain conditions originating in the perinatal period | 0 |
| Injury, poisoning and certain other consequences of external causes  | 0 |  |   |
| Other/Known  | 0 | Total Encounters                                       | 0 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 8248            | 1626             | 0                    |

Comments

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